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Office of Children  
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Developmental Disabilities

# **Review of Final Draft Transition Plan for Children's Medicaid System Transformation**

December 4, 2017

# Agenda

- Draft and Final Draft Transition Plan
- “Interim Transition Period” Eliminated (January 1, 2018 – June 30, 2018)
- Billing Changes
- HCBS Eligibility
- Continuity of Care Provisions
- Next Steps
- Provider Designation Update



# Final Draft Transition Plan

- Draft Transition Plan for Children's Medicaid System Transformation was posted for stakeholder comment on August 15, 2017
- Since the draft was posted, State has been working with CMS to simplify and streamline elements of the transition included in the August 15, 2017 draft
- Final Draft Transition Plan submitted to CMS on November 15, 2017 – requires review and approval by CMS
  - State has requested CMS approve the Transition Plan before the end of the year
  - Reflects stakeholder comments and discussions with CMS
- Both the original Draft version and the Final Draft Transition Plan are posted to DOH website [https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/1115\\_waiver\\_amend.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm)



# Draft Transition Plan Feedback

- Reminder: The purpose of the Transition Plan is to provide a road map to describe the activities related to transitioning the six children's 1915(c) Waivers to the 1115 Waiver authority (the document does not contain all operational processes – will be addressed in additional guidance)
- On September 29, 2017 a Webinar was held to review Stakeholder comments on August 15 Draft Transition Plan - major themes in Stakeholder feedback included:
  - Requests for clarity on operational process which will continue to be addressed through operational manuals and FAQ's (List of forthcoming guidance at end of presentation)
  - Transition of Care Coordination to HH
  - Concerns surrounding complexity of "interim transition period"
  - Rates and billing
  - HCBS Eligibility



# Final Draft Eliminates “Interim Transition Period”

- “Interim Transition Period” – January 1, 2018 through June 30, 2018 is eliminated
- All six 1915(c) Waivers will remain in effect until June 30, 2018 – Health Home transition for children enrolled in 1915(c) waivers still begins April 1, 2018
- July 1, 2018 effective date of newly aligned Children’s HCBS and new SPA unchanged
- Eliminating the interim transition period and avoids a two step process with regard to children's specialty services and rate codes.
  - State has requested CMS approve the 1115 Waiver on or before February 1 , 2018



<b>Schedule of Key Upcoming Implementation Dates (Subject to Federal and State Approvals)</b>	<b>Effective Date</b>
Anticipated CMS Approval of Final Transition Plan	12/31/17
Providers prepare to transition care coordination from 1915(c) Children's Waivers to Health Home	1/1/18 – 4/1/18
Anticipated CMS Approval of 1115 Waiver	2/1/18
1915 (c) Transitioning Children begin to transition to Health Home care management	4/1/18
1915(c) Care managers complete case load transition to Health Home care management, 1915(c) Waivers are terminated	6/30/18
Effective date of 1115 Waiver Newly Aligned Children's HCBS and new SPA Services	7/1/18
Former 1915(c) waiver service rate codes, including those for care coordination, will become inactive and new 1115 rate codes will become effective	7/1/18
Medicaid Managed Care benefit package is expanded to include aligned children's HCBS, new SPA, and children's behavioral health for SSI and SSI-R children	7/1/18
Voluntary Foster Care Population to Managed Care, Expansion of HCBS and Family of One to LON	1/1/19



# Final Draft Transition Plan – Billing Procedures

## Health Home Rates

- The earliest HH rates can be billed by a Transitioning 1915(c) Care Coordinator to Health Home is April 1, 2018
- HH rates may only be billed for children who have consented and enrolled in HH
- April 1, 2018 through June 30, 2018: either 1915(c) Care Coordination Rates OR HH Rates will be billed depending on child's HH enrollment status
- Transitional Health Home rates will be available for 1915(c) providers whose 1915(c) care management rate is higher than the Health Homes rates – These rates will transition down to Health Home rates in three phases, over 24 months



# Health Home Care Management Guidance

- DOH will be providing a transitional “TIPS” sheet regarding how to transition a 1915c Waiver child to Health Home Care Management between 4/1/18 to 6/30/18 inclusive of the following areas:
  - HH Consent and Enrollment
  - CANS-NY and the UAS-NY
  - Billing
  - Initial Plan of Care (POC) – HH Services and 1915c Services
  - HCBS Eligibility Determination
  - Medicaid Managed Care Plan Choice – if applicable
- DOH will also provide a Children’s Health Home Operational HCBS and SPA Services Manual to assist HH Care Managers after 7/1/18 to ensure that the assessed needs of the member match to the appropriate HCBS and SPA services





# Final Draft Transition Plan – Billing Procedures

## HCBS & SPA Rates

- Services delivered on or after July 1, 2018, new 1115 HCBS codes must be used
- Former 1915(c) waiver service rate codes for services delivered on or after July 1, 2018, including those for care coordination, will be inactive
- Services delivered on or after July 1, 2018, to children enrolled in a Medicaid Managed Care plan, claims for children's HCBS, new SPA, and behavioral health for SSI and SSI-R children must be submitted to the child's Medicaid Managed Care plan



# Billing and Rates: Next Steps

- DOH and State agency partners are working together to review and finalize
  - HCBS Rates
  - HCBS Rate codes
  - HCBS Rate code crosswalk
- Billing guidance is currently being drafted by DOH and State agency partners
- MCTAC will host, with DOH presenting on HCBS rates, HCBS & SPA rate codes and HCBS & SPA rate crosswalk. Webinar will be scheduled in late December 2017



# HCBS LOC Criteria and Process Changes – DD/MF

- All Children who are DD and Medically Fragile (DD/MF) *may* be found eligible for HCBS under the HCBS LOC Medically Fragile Eligibility Determination Criteria.
- The DDRO will have access to the HCBS Eligibility Determination tool and may complete the Determination for those DD/ MF children who are already engaged with OPWDD or elect to go through the DDRO first.
- For children who are DD/MF and are HCBS assessed by the DDRO using the Developmentally Disabled and Medically Fragile LOC criteria, the DDRO will apply the (OPWDD) ICF-IDD Level of Care and the CANS-NY to meet functional component of the HCBS criteria
- Recommendation: Children who qualify as both DD and MF may more expeditiously access HBCS services using the LOC Medically Fragile Eligibility Determination Criteria and, at a later, date pursue DD eligibility required for transition to adult DD HCBS



## Level of Care (LOC) HCBS Eligibility Determination Criteria: Developmental Disability and Medically Fragile Child (MFC) Effective July 1, 2018

\*NOTE: Children who qualify as both DD and MF may more expeditiously access HBCS services by using the Medically Fragile process and then at a later date pursue DD eligibility

Target Criteria:	<ol style="list-style-type: none"> <li>1. Age 0 through child's 21st Birthday, and</li> <li>2. Child has developmental disability as defined by OPWDD which meets one of the criteria a-c as well as criteria d and e               <ol style="list-style-type: none"> <li>a) is attributable to intellectual disability, cerebral palsy, epilepsy, neurological impairment, familial dysautonomia, Prader-Willi syndrome or autism; or</li> <li>b) is attributable to any other condition of a child found to be closely related to intellectual disability because such condition results in similar impairment of general intellectual functioning or adaptive behavior of a child with intellectual disability or requires treatment and services similar to those required for such children; or</li> <li>c) is attributable to dyslexia resulting from a disability described above; <b>and</b></li> <li>d) has continued or can be expected to continue indefinitely; and</li> <li>e) constitutes a substantial handicap to such child's ability to function normally in society.</li> </ol> </li> </ol>
Risk Factors:	<p>The child must be Medically fragile as demonstrated by a licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (*i.e., hospitalization or nursing facility) The LPHA has submitted written clinical documentation to support the determination.</p>
Functional Criteria:	Office for People With Developmental Disabilities (OPWDD) ICF-IDD Level of Care and the Child and Adolescent Needs and Strengths New York (CANS-NY).



## HCBS and Care Management/Coordination Process for DD/MF Child

Child MF/DD		<b><i>HCBS Eligibility Determination</i></b>	<b><i>Eligible for HCBS?</i></b>	<b><i>Plan of Care</i></b>	<b><i>Care Management</i></b>	<b><i>Monitor Access to Services</i></b>
	In Health Home	Health Home, <b>OR</b> DDRO	Yes	Health Home Comprehensive POC with HCBS	Health Home	Health Home or if enrolled, MMCP
	Not yet in Health Home	HH/IE <b>OR</b> DDRO	Yes	**See Table 1.0 <b>OR</b> Table 2.0	**See Table 1.0 <b>OR</b> Table 2.0	**See Table 1.0 <b>OR</b> Table 2.0

\*NOTE: Children who qualify as both DD and MF may more expeditiously access HBCS services by using the Medically Fragile process and then at a later date pursue DD eligibility

Direct referrals to Health Homes by community providers and plans should be made for children likely eligible for Health Home or HCBS (Children eligible for HCBS are eligible for Health Home)

\*\*Table 1.0 and 2.0 and others available in appendix



# HCBS Eligibility Active for One Year

- For all Children Transitioning from 1915(c) Waiver to the Children's 1115 their HCBS Eligibility status will remain active for a one year period

April 1, 2018 – June 30, 2018

- For children who enroll in HH the one year eligibility period begins at the completion of an initial CANS-NY
- For children served by the Independent Entity (IE) the one year eligibility date period begins on the date the IE opens a case record

Post July 1, 2018

- Children will be re-assessed for HCBS eligibility one year from the date that the HCBS Eligibility Determination was completed



Managed Care Continuity of Care Provisions			
Child's HCBS Status	Child's Plan Status	Timeframe	Requirement
1915(c) Transitioning Child	Enrolled in a MMCP before or effective 07/01/18	90 days	MMCP may not apply UR criteria from the implementation date for all services newly carved into Managed Care.
1915(c) Transitioning Child	Enrolled in a MMCP before or effective 07/01/18	180 days	During the first 180 days of the transition period and in accordance with the most recent POC, MMCP will not apply UR criteria to HCBS or LTSS that is included in the POC.
1915(c) Transitioning Child	Enrolled in a MMCP before or effective 07/01/18	180 days	During the first 180 days of the transition period if the POC is modified to include additional children's specialty services, such services may not be subject to utilization review or prior approval by the MMCP.

"Transition period" is defined as 24 months from 07/01/2018 (implementation date). End date of transition period is 06/30/2020.

See also the "Medicaid Managed Care Organization Children's System Transformation Requirements and Standards" or the "Draft Final Transition Plan for the Children's Medicaid System Transformation."

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/2017-07-31\\_mc\\_plan\\_rqmts.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2017-07-31_mc_plan_rqmts.pdf)



Managed Care Continuity of Care Provisions			
Child's HCBS Status	Child's Plan Status	Timeframe	Requirement
1915(c) Transitioning Child	Enrolled in a MMCP before or effective 07/01/18	24 months	During the transition period, the Plan must allow children to continue with their care providers, including medical, BH and HCBS providers, for a continuous Episode of Care. It applies only to episodes of care that were ongoing during the transition from FFS to managed care.
FFS Child in Receipt of HCBS	Enrolled in MMCP after 07/01/18 and before 07/01/20	180 days	During the first 180 days of enrollment and in accordance with the most recent POC, MMCP will not apply UR criteria to HCBS or LTSS that is included in the POC.

“Transition period” is defined as 24 months from 07/01/2018 (implementation date). End date of transition period is 06/30/2020.

See also the “Medicaid Managed Care Organization Children’s System Transformation Requirements and Standards” or the “Draft Final Transition Plan for the Children’s Medicaid System Transformation.”

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/2017-07-31\\_mc\\_plan\\_rqmts.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2017-07-31_mc_plan_rqmts.pdf)





# Next Steps

- CMS approval of Transition Plan – anticipated by December 31, 2017
- CMS approval of 1115 Waiver - anticipated by February 1, 2018
- Release of HCBS Rates - webinar Late December
- Release guidance, policy, and operational materials (see next slide)

***\*The State will continue to seek stakeholder input throughout the development of transition and implementation materials.***



# Upcoming Guidance Materials

- Draft Children's HCBS workflow to be released for stakeholder comment
  - Includes the steps that children and families, providers and managed care plans will follow to access HCBS.
  - Includes assessments, plan of care development, and service authorization
  - Applies lessons learned from the adult HCBS implementation to avoid barriers
- Billing Manual, including rate codes and rate code crosswalk
- Final Provider Service Manual for HCBS
- Final Provider Service Manual for SPA
- Operations Manual for Care Managers for activities related to this transition
- Consumer and family educational materials and notices



**Webinars and additional information can be found on the DOH website:**

**[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/web-info\\_child\\_mst.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/web-info_child_mst.htm)**



# Provider Designation Update



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# Provider Designation Update

- **On November 22, 2017, preliminary notification letters** were sent to current 1915(c) children's waiver providers who applied for designation for Children's aligned HCBS and/or six new State Plan Services 11/22
  - Current 1915(c) children's waiver providers were targeted to ensure continuity of care for children currently receiving waiver services
  - Purpose of letters is to facilitate conversations between providers and managed care plans to begin the contracting process to ensure continuity of care
  - Managed care plans were sent a list of all agencies that received the preliminary notification letters. The list included the services for which the agency appears to have met criteria, and the counties and populations they currently serve
  - Providers who received preliminary notification letters can use this letter for the application for a Medicaid provider ID and are encouraged to begin this process ASAP
    - [https://www.emedny.org/info/ProviderEnrollment/children\\_health/index.aspx](https://www.emedny.org/info/ProviderEnrollment/children_health/index.aspx)
- **Formal designation** will be issued upon formal approval and promulgation of State regulation
- The state is **continuing to review applications** for those who have applied to provide new services or to expand their services to new populations
- Providers who have questions about their letters should contact [OMH-Childrens-Designation@omh.ny.gov](mailto:OMH-Childrens-Designation@omh.ny.gov)



# Provider Designation Data

- 73 agencies received preliminary notification letters, meaning they appear to meet criteria for services
  - These agencies cover 175 sites Statewide
- The initial number of agency sites who appear to meet criteria for each service by county are included in the following slides
- These numbers are expected to increase as the State continues to review applications and as formal designations are issued

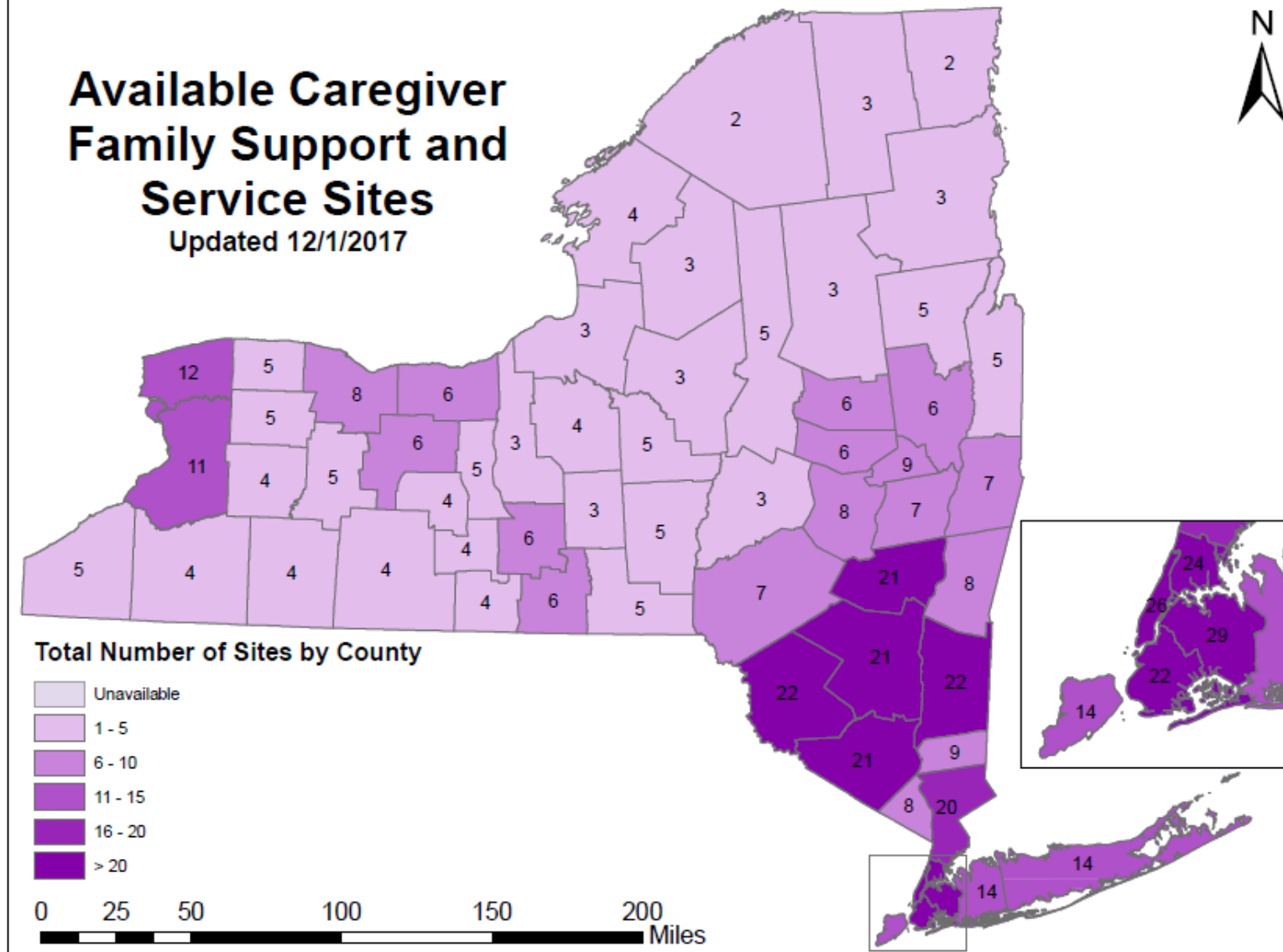


# **Children's Aligned HCBS - Sites by County Appearing to Meet Criteria for Designation**

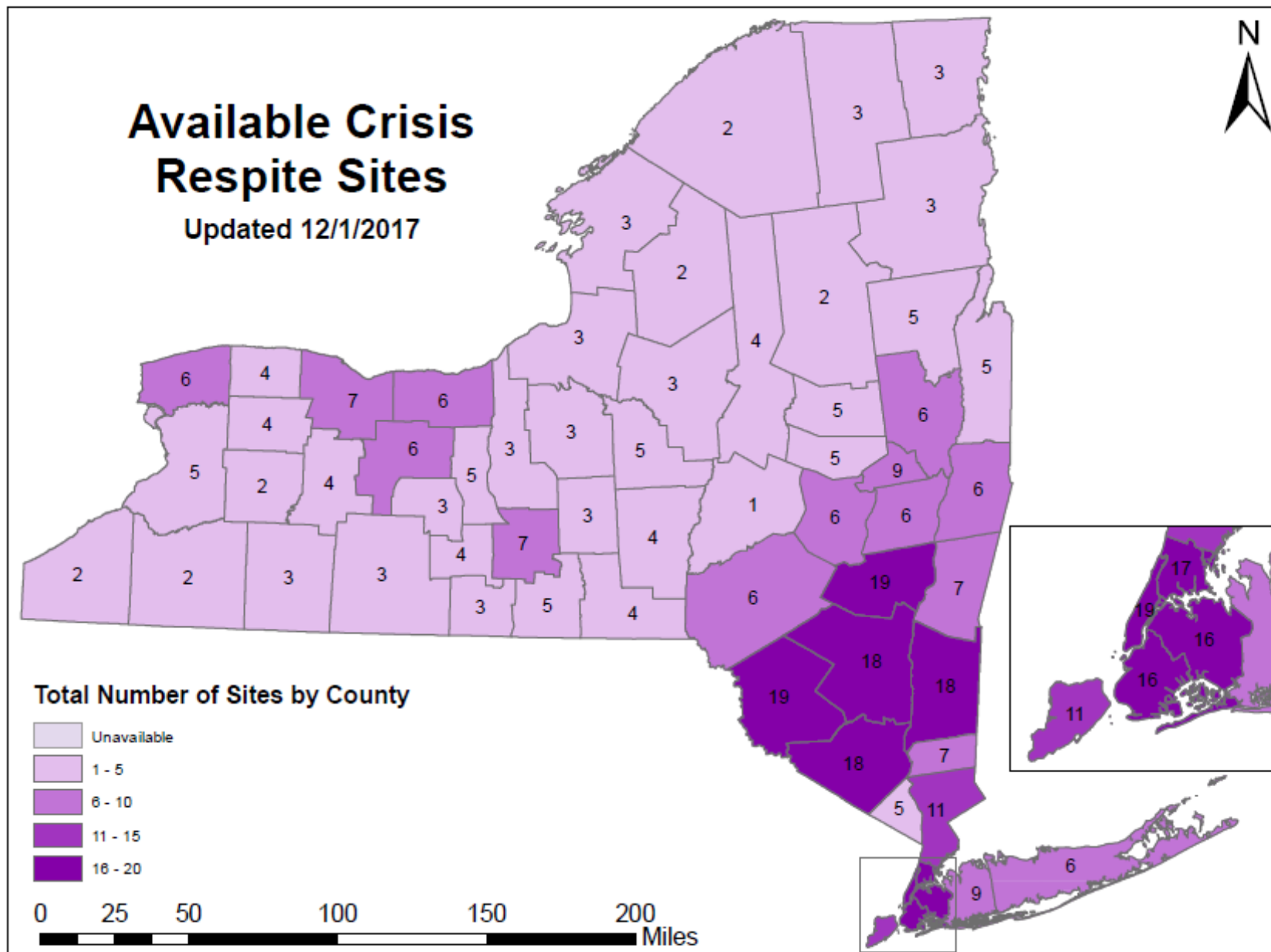


# Available Caregiver Family Support and Service Sites

Updated 12/1/2017

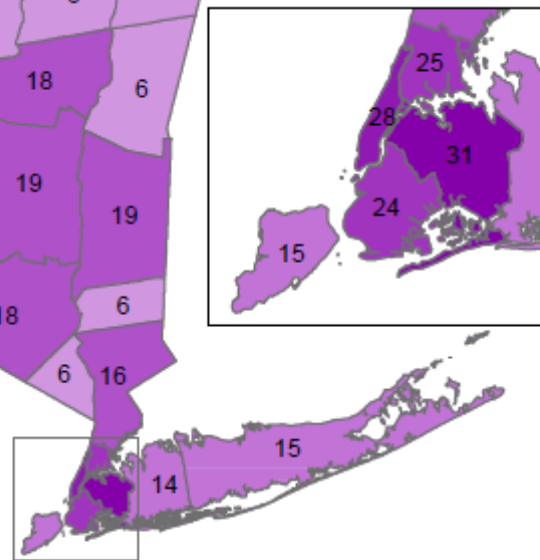






## Updated 12/1/2017

Updated 12/1/2017



## Updated 12/1/2017

Updated 12/1/2017

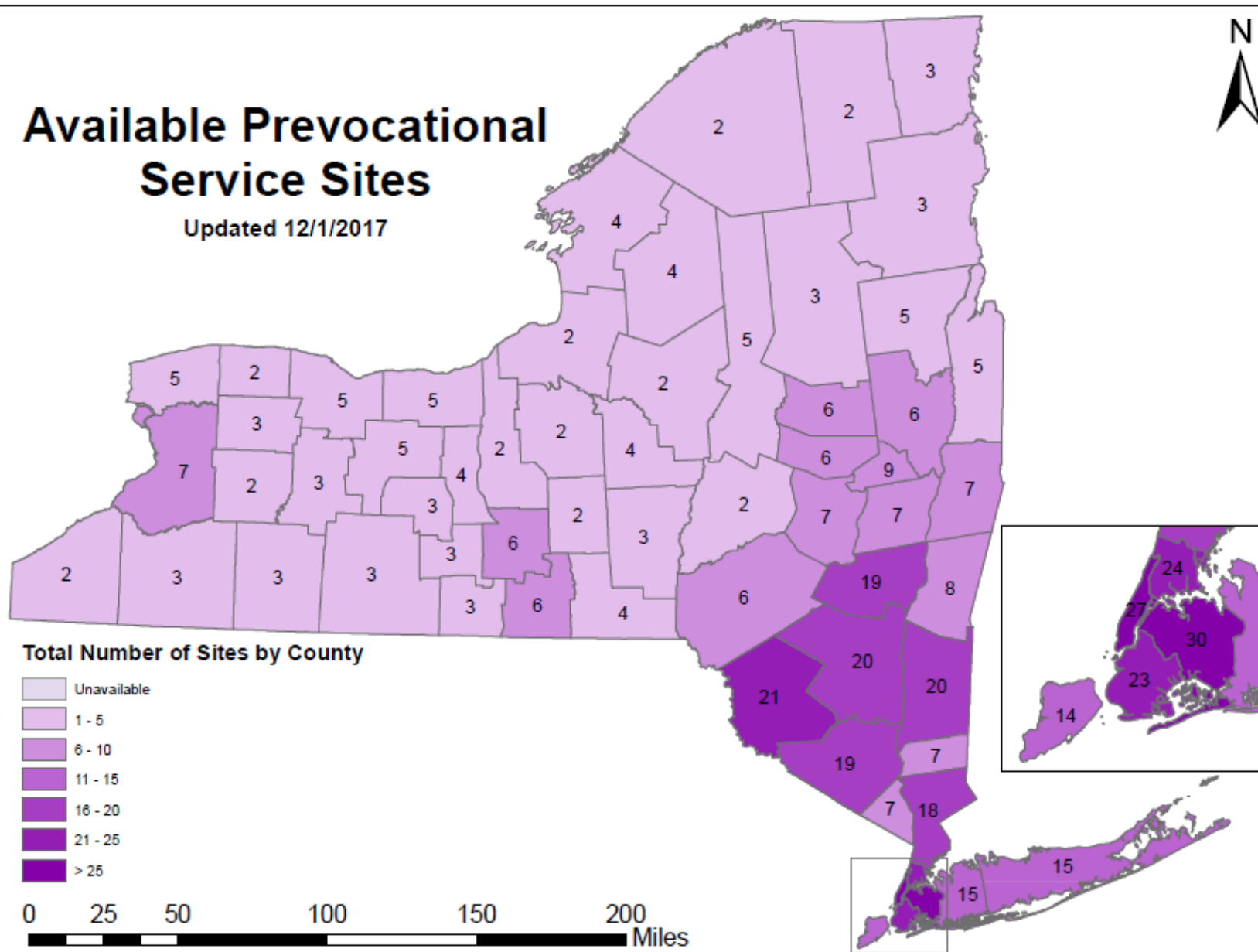


Updated 12/1/2017



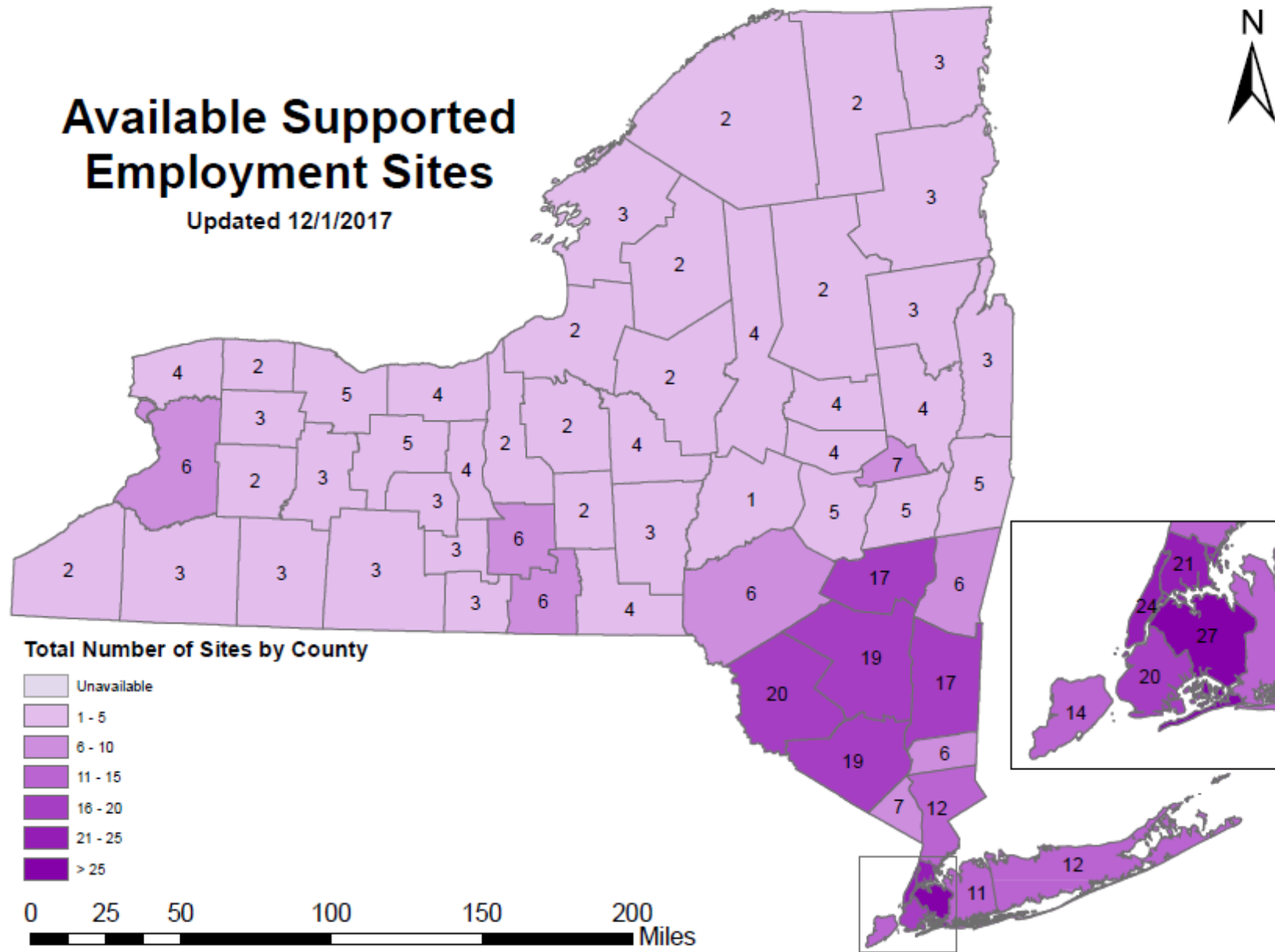
# Available Prevocational Service Sites

Updated 12/1/2017



# Available Supported Employment Sites

Updated 12/1/2017

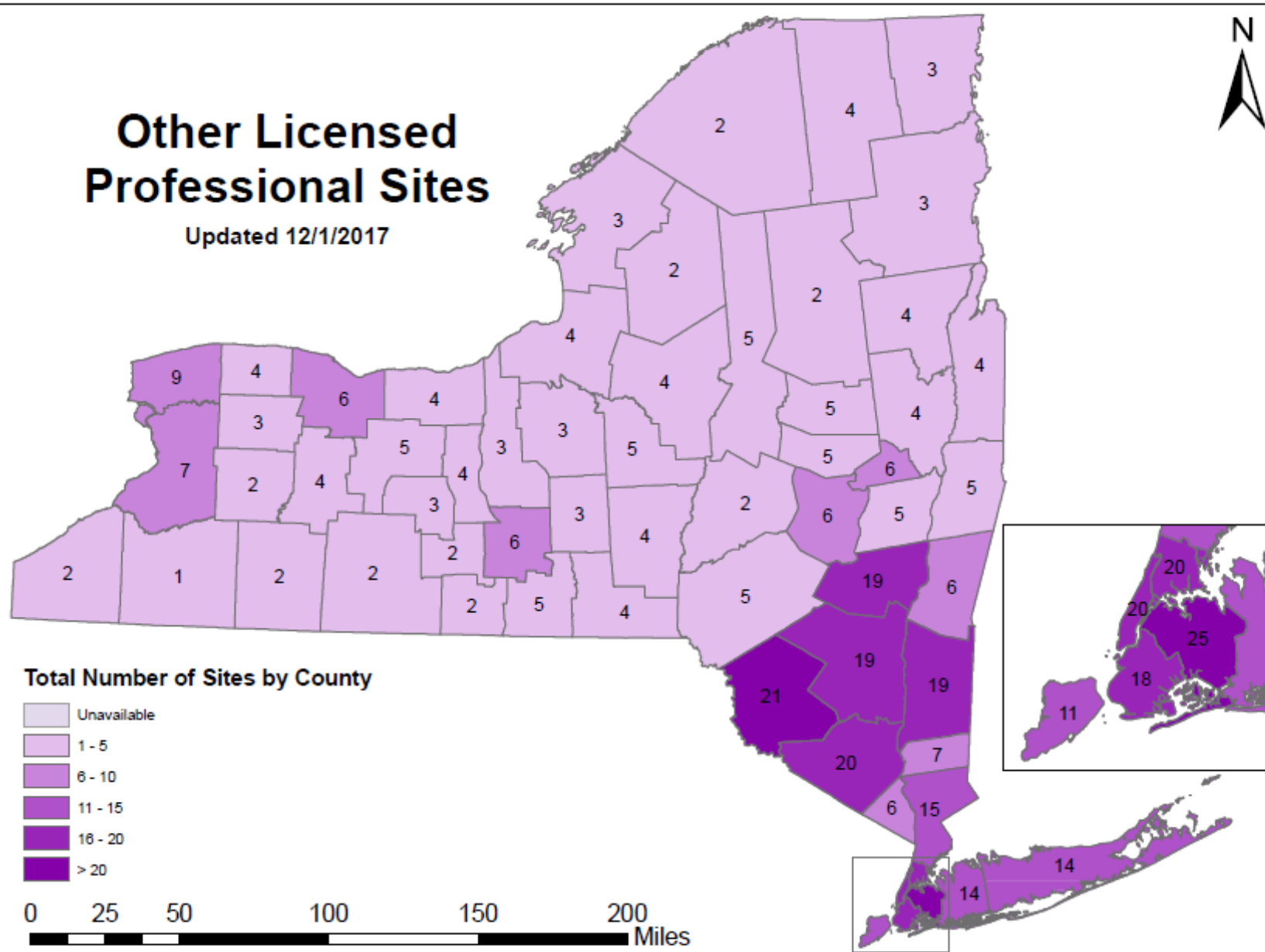


# Children's New State Plan Services - Sites by County Appearing to Meet Criteria for Designation



## Other Licensed Professional Sites

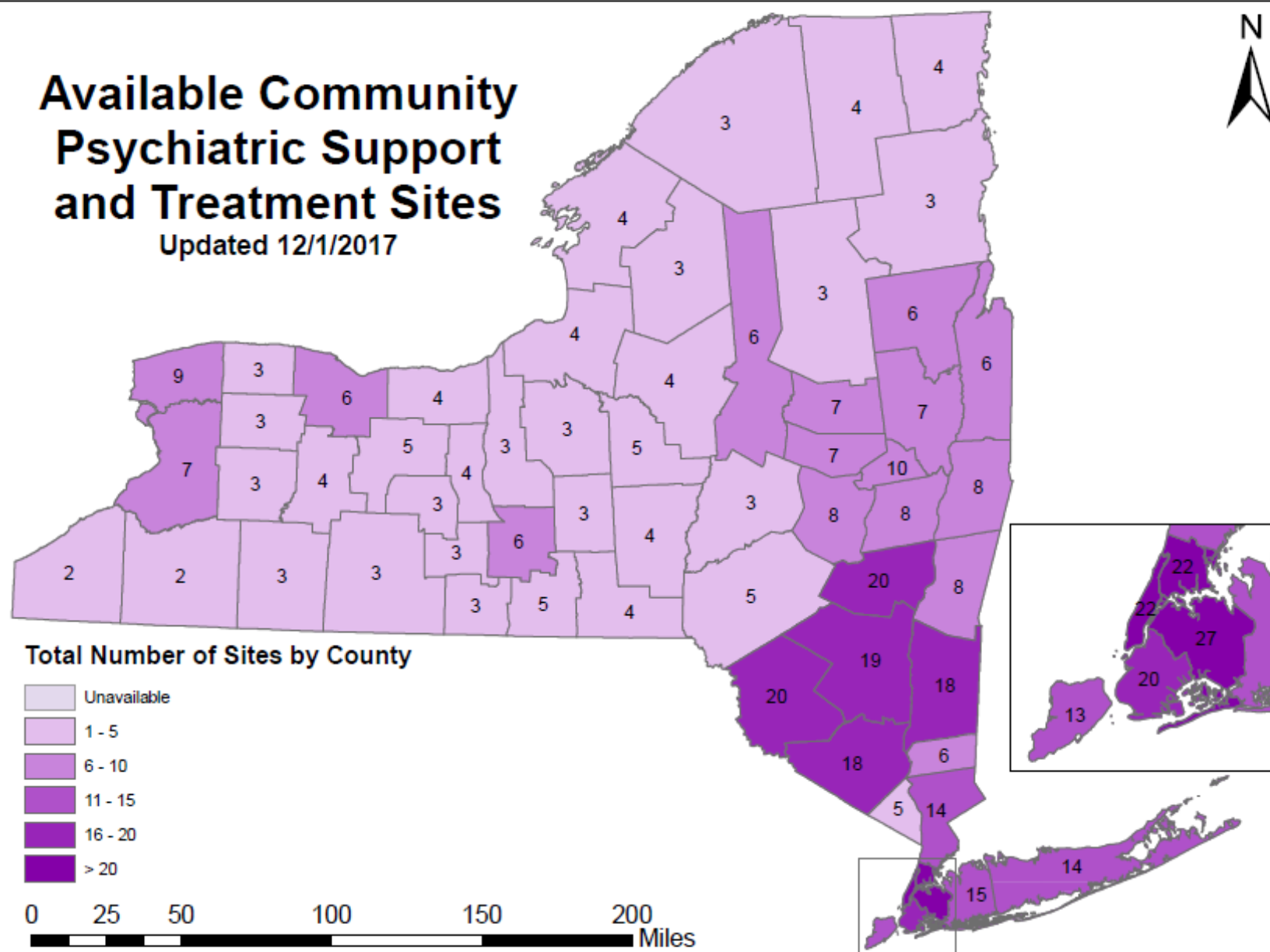
Updated 12/1/2017





# Available Community Psychiatric Support and Treatment Sites

Updated 12/1/2017



### Available Psychosocial Rehabilitation Sites

Updated 12/1/2017

**Total Number of Sites by County**

Color	Number of Sites
Lightest Purple	Unavailable
Light Purple	1 - 5
Medium-Light Purple	6 - 10
Medium Purple	11 - 15
Dark Purple	16 - 20
Very Dark Purple	21 - 25
Black	> 25

0 25 50 100 150 200 Miles

North Arrow

Inset Map: Long Island

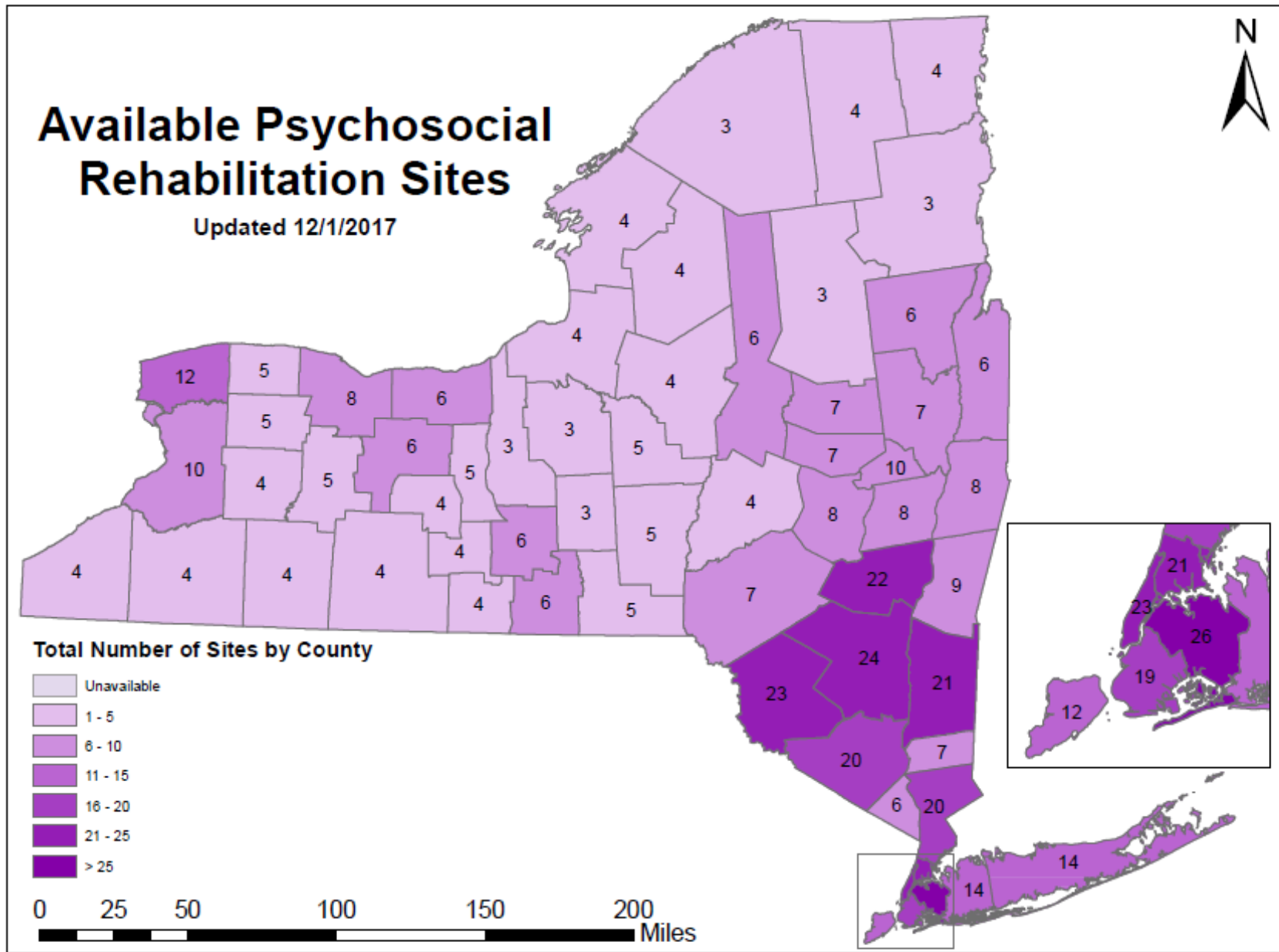
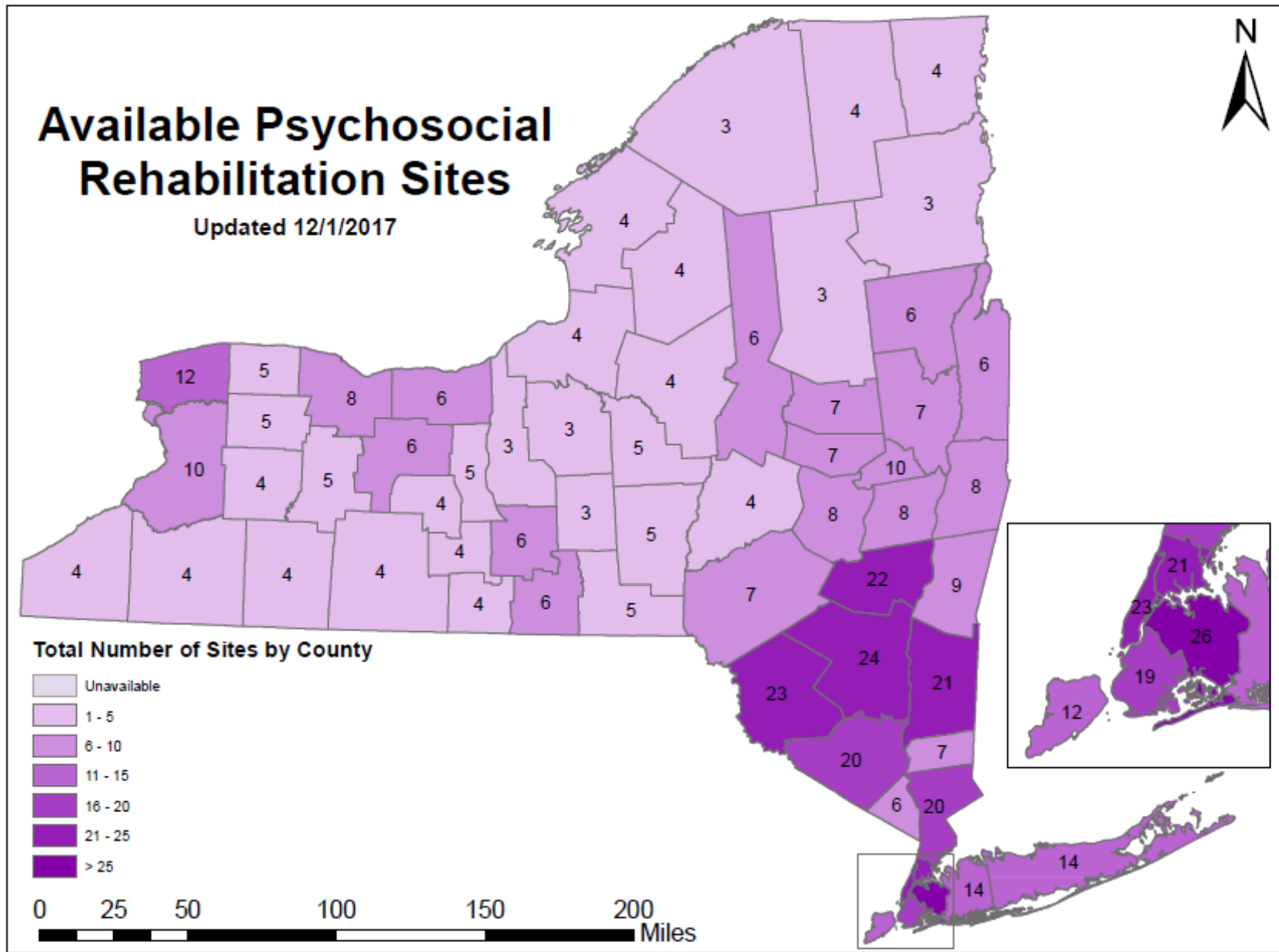
### Available Psychosocial Rehabilitation Sites

Updated 12/1/2017

**Total Number of Sites by County**

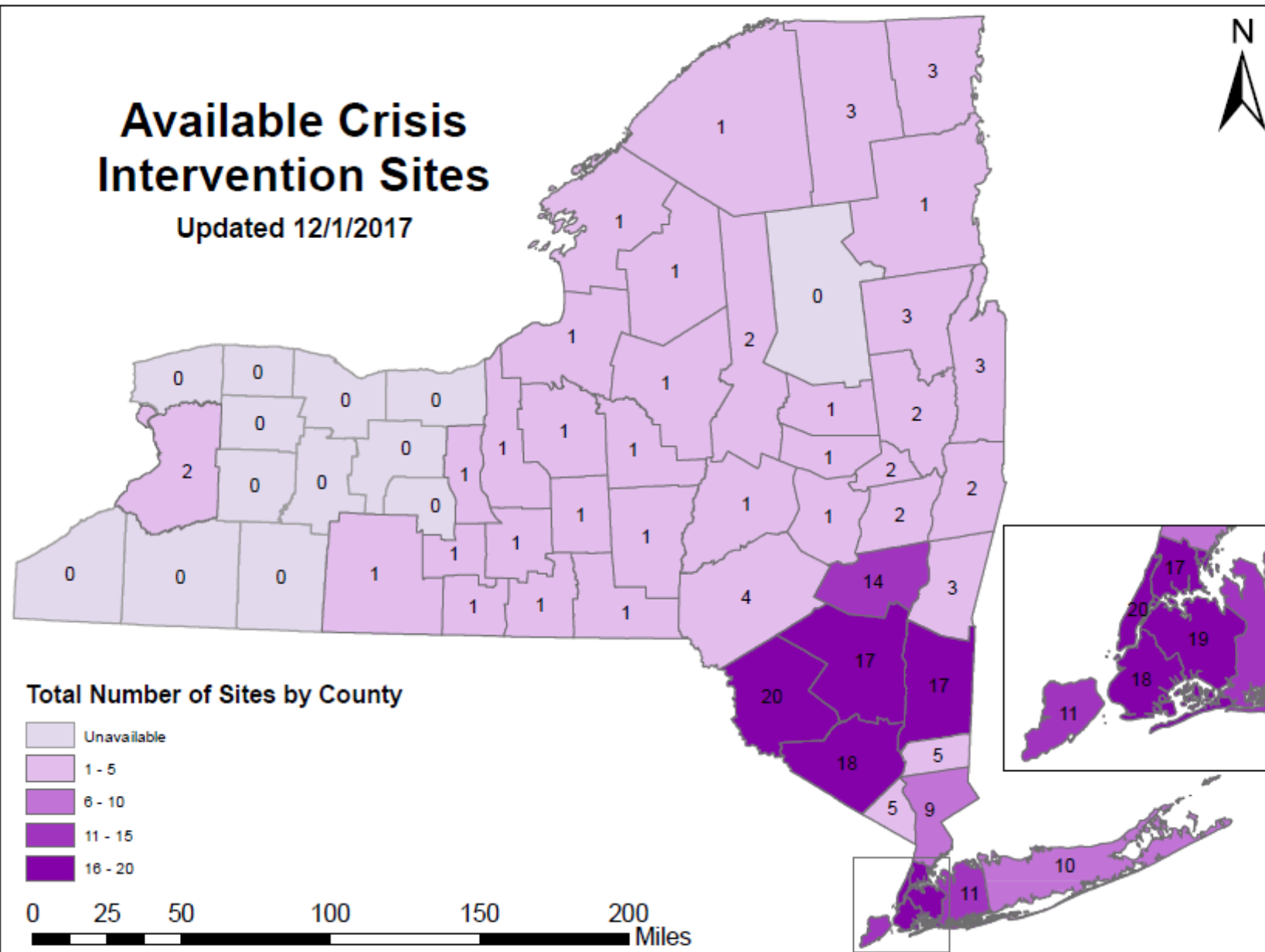
Color	Number of Sites
Lightest Purple	Unavailable
Light Purple	1 - 5
Medium-Light Purple	6 - 10
Medium Purple	11 - 15
Dark Purple	16 - 20
Darkest Purple	21 - 25
Black	> 25

0 25 50 100 150 200 Miles

[illegible]

## Available Crisis Intervention Sites

Updated 12/1/2017



## Updated 12/1/2017

Updated 12/1/2017



## Updated 12/1/2017



# Thank You

Thank you to all stakeholders who provided feedback and continue to support the State in the implementation of the Children's Medicaid System Transformation



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**DOH Transition Mail Log**  
[BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)

**DOH BH Transition Webpage**  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/)

**OMH Managed Care Webpage**  
<https://www.omh.ny.gov/omhweb/bho/>

**Health Home Bureau Mail Log**  
[https://apps.health.ny.gov/pubdoh/health\\_care/medicaid/program/medicaid\\_health\\_homes/emailHealthHome.action](https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action)

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**Children's Designation Mail Log**  
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# Appendix



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# HCBS and Care Management/Coordination Process

Child in MMC	Table 1.0					
		HCBS Eligibility Determination	Eligible for HCBS?	Plan of Care	Care Management	Monitor Access to Services
	In Health Home	Health Home	Yes	HH Comprehensive POC with HCBS	Health Home	MMCP
	Not yet Health Home	HH/IE	Yes, elects HH	HH - Comp POC with HCBS	Health Home	MMCP
		HH/IE	Yes, Opts out of HH	IE - HCBS POC	MMCP	MMCP
		HH/IE	No, but eligible for and elects HH	HH - Comp POC w/o HCBS	Health Home	MMCP

Direct referrals to Health Homes by community providers and plans should be made for children likely eligible for Health Home or HCBS (Children eligible for HCBS are eligible for Health Home)



# HCBS and Care Management/Coordination Process

Table 2.0

Child in FFS		HCBS Eligibility Determination	Eligible for HCBS?	Plan of Care	Care Management	Monitor Access to Services
	In Health Home	Health Home	Yes	HH Comprehensive POC with HCBS	Health Home	Health Home
	Not yet Health Home	HH/IE	Yes, elects HH	HH Comp POC with HCBS	Health Home	Health Home
		HH/IE	Yes, Opts out of HH	IE - HCBS POC		IE
		HH/IE	No, but eligible for and elects HH	HH - Comp POC w/o HCBS	Health Home	Health Home

Direct referrals to Health Homes by community providers and plans should be made for children likely eligible for Health Home or HCBS (Children eligible for HCBS are eligible for Health Home)



# HCBS and Care Management/Coordination Process

Child not  
Medicaid

	HCBS Eligibility Determination	Eligible for HCBS?	Plan of Care	Care Management	Monitor Access to Services
Not yet Health Home	IE	Yes	IE - initial HCBS POC	See Table 1.0 <b>OR</b> Table 2.0	See Table 1.0 <b>OR</b> Table 2.0
	IE	No, but eligible for and elects HH	HH- Comp POC w/o HCBS	Health Home	See Table 1.0 <b>OR</b> Table 2.0



## HCBS and Care Management/Coordination Process

Child DD in Foster Care		<b><i>HCBS Eligibility Determination</i></b>	<b><i>Eligible for HCBS?</i></b>	<b><i>Plan of Care</i></b>	<b><i>Care Management</i></b>	<b><i>Monitor Access to Services</i></b>
	In Health Home	DDRO	Yes	Health Home Comprehensive POC with HCBS	Health Home	Health Home or if enrolled, MMCP
	Not yet in Health Home	DDRO	Yes	See Table 1.0 <b>OR</b> Table 2.0	See Table 1.0 <b>OR</b> Table 2.0	See Table 1.0 <b>OR</b> Table 2.0
Child MF/DD		<b><i>HCBS Eligibility Determination</i></b>	<b><i>Eligible for HCBS?</i></b>	<b><i>Plan of Care</i></b>	<b><i>Care Management</i></b>	<b><i>Monitor Access to Services</i></b>
	In Health Home	Health Home, <b>OR</b> DDRO	Yes	Health Home Comprehensive POC with HCBS	Health Home	Health Home or if enrolled, MMCP
	Not yet in Health Home	HH/IE <b>OR</b> DDRO	Yes	See Table 1.0 <b>OR</b> Table 2.0	See Table 1.0 <b>OR</b> Table 2.0	See Table 1.0 <b>OR</b> Table 2.0

Direct referrals to Health Homes by community providers and plans should be made for children likely eligible for Health Home or HCBS (Children eligible for HCBS are eligible for Health Home)

